

Case Number:	CM15-0110065		
Date Assigned:	06/16/2015	Date of Injury:	05/06/2008
Decision Date:	08/07/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/08/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old female, who sustained an industrial injury on 05/06/2008. There was no documentation of the nature of any signs and symptoms experienced by the injured worker subsequent to the industrial injury. The only documentation submitted is a PR-2 note dated 02/11/2015. Diagnoses were noted to include hypertension and diabetes. Blood pressure was listed as between the 90 and 110 range. A request for authorization of Norvasc, Metoprolol, Losartan and Glucophage was submitted. There was no documentation regarding the reason for the current treatment request.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norvasc 10mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date - Norvasc.

Decision rationale: CA MTUS and Official Disability Guidelines (ODG) do not address this, therefore, the determination is based on reviewing the information in Up-to-date. Norvasc is a Calcium Channel Blocker, indicated for treatment of hypertension. May be used alone or in combination with other anti-hypertensive agents. Also indicated for Chronic stable angina and Vasospastic angina (Prinzmetal or variant angina). In this case, the submitted Medical Records do mention prior use of this medicine by the injured worker, and there is narrative presented by the treating provider that indicates the need for Norvasc, in this injured worker. There is documentation of hypertension in the submitted medical records. Based on the currently available medical information for review; the requested treatment for this medicine is medically necessary and appropriate.

Metoprolol 100mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date - Metoprolol.

Decision rationale: CA MTUS and Official Disability Guidelines (ODG) do not address this, therefore, the determination is based on reviewing the information in Up-to-date. Metoprolol is Beta-1 Selective Beta-Blocker, recommended for treatment of angina pectoris or hypertension; to reduce mortality/hospitalization in patients with heart failure (HF). In this case, the submitted Medical Records do mention prior use of this medicine by the injured worker, and there is narrative presented by the treating provider that indicates the need for Metoprolol, in this injured worker. There is documentation of hypertension in the submitted medical records. Based on the currently available medical information for review, the requested treatment for this medicine is medically necessary and appropriate.

Losartan 100/25mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date - Losartan.

Decision rationale: CA MTUS and Official Disability Guidelines (ODG) do not address this, therefore, the determination is based on reviewing the information in Up-to-date. Losartan Potassium is an Angiotensin II Receptor Blocker indicated for treatment of diabetic nephropathy with an elevated serum creatinine and proteinuria and treatment of hypertension, alone or in combination with other antihypertensive agents. In this case, the submitted Medical Records do mention prior use of this medicine by the injured worker, and there is narrative presented by the treating provider that indicates the need for Losartan, in this injured worker. There is documentation of hypertension in the submitted medical records. Based on the currently available medical information for review, the requested treatment for this medicine is medically necessary and appropriate.

Glucophage 850mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational) Chapter Metformin (Glucophage).

Decision rationale: This prescription for Glucophage is evaluated in light of the Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) recommended Metformin as first-line treatment of type 2 diabetes to decrease insulin resistance. As a result of its safety and efficacy, metformin should also be the cornerstone of dual therapy for most patients. Metformin is effective in decreasing both fasting and postprandial glucose concentrations. Metformin often has beneficial effects on components of the metabolic syndrome, including mild to moderate weight loss, improvement of the lipid profile, and improved fibrinolysis. Metformin is also effective as monotherapy and in combination with other antidiabetic agents, including sulfonylureas, TZDs, AGIs, DPP-4 inhibitors, GLP-1 agonists, and pramlintide. It can also be used in combination with insulin. Because of its relatively short duration of action, it is usually administered 2 to 3 times daily and is best tolerated if taken with meals. A long-acting, once-daily formulation is also available. The maximal recommended dosage is 2,500 mg daily, although little additional benefit is seen with dosages exceeding 2,000 mg daily. The documentation indicates the patient has been maintained on Glucophage and review of Medical Records do show that previous use of this medication has been effective in diabetes management in this injured worker. Based on the currently available information, the medical necessity for this medication has been established. The requested treatment is medically necessary.